

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576 495

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12	1					
13	1					
14		2				
15		2				
16		2				
17		2				
18	1					
19	1					
20		1				
21	1					
22	1					
23		1				
24		1				
25	1					
26		3				
27		3				
28		3				
29		3				
30		3				
31	1					
32		1				
33		1				
34		1				
35		1				
36	1					
37	1					
38		2				
39		2				
40		2				
41		2				
42		10				
43		10				
44	1					
45		1				
46		1				
47		12				
48						
49						
50						
TOTAL IND.	15	↓		↓		↓
TOTAL DEP.	109	←		←		←
TOTAL CLAIMS	124					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						